

**STATEMENT OF THE NATIONAL KIDNEY FOUNDATION
30 EAST 33RD STREET NEW YORK, NY 10016**

**SUBMITTED TO THE SENATE COMMITTEE ON APPROPRIATIONS;
SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN SERVICES, EDUCATION,
AND RELATED AGENCIES**

**FISCAL YEAR 2014 APPROPRIATIONS
CENTERS FOR DISEASE CONTROL AND PREVENTION
CHRONIC KIDNEY DISEASE PROGRAM**

May 6, 2013

The National Kidney Foundation is pleased to submit testimony for the written record in support of the Centers for Disease Control and Prevention Chronic Kidney Disease Program. We respectfully request \$2.2 million be provided for Fiscal Year 2014.

End Stage Renal Disease (ESRD), which requires dialysis or transplantation for survival, is the only disease-specific coverage under Medicare, regardless of age or other disability. At the end of 2010, the number of Americans with ESRD totaled more than 594,000, including 415,000 dialysis patients and almost 180,000 kidney transplant recipients. Complicating the cost and human toll is the fact that chronic kidney disease (CKD) is a disease multiplier; patients are very likely to be diagnosed with diabetes, cardiovascular disease, or hypertension (40% of ESRD patients had a diagnosis of diabetes). In 2010, CKD was present in 8.4% of Medicare beneficiaries but was responsible for 17% of Medicare expenditures.

Despite this tremendous social and economic impact, no national public health program focusing on early detection and treatment existed until FY 2006, when Congress provided \$1.8 million to initiate a Chronic Kidney Disease Program at the Centers for Disease Control and Prevention (CDC). Congressional interest regarding kidney disease education and awareness also is found in Sec. 152 of the *Medicare Improvements for Patients and Providers Act of 2008* (MIPPA, P.L. 110-275), which directed the Secretary to establish pilot projects to increase screening for CKD and enhance surveillance systems to better assess the prevalence and incidence of CKD. Cost-effective treatments exist to potentially slow progression of kidney disease and prevent its complications, but only if individuals are diagnosed before the latter stages of CKD.

The CDC program is designed to identify members of populations at high risk for CKD, develop community-based approaches for improving detection and control, and educate health professionals about best practices for early detection and treatment. The president's budget request includes provisions calling for the continuation of the program, however, does not include a line item. **The National Kidney Foundation respectfully urges the Committee to maintain line-item funding for the Chronic Kidney Disease Program for Fiscal Year 2014.**

The specific inclusion of a line item will ensure the program is appropriately supported and the continuation of these important activities. Continued support will benefit kidney patients and Americans who are at risk for kidney disease, advance the objectives of Healthy People 2020 and the National Strategy for Quality Improvement in Health Care, and fulfill the mandate created by Sec. 152 of MIPPA.

The prevalence of CKD in the United States is higher than a decade earlier. This is partly due to the increasing prevalence of the related diseases of diabetes and hypertension. It is estimated that CKD affects 26 million adult Americans (1) and that the number of individuals in this country with CKD who will have progressed to kidney failure, requiring chronic dialysis treatments or a kidney transplant to survive, will grow to 712,290 by 2015 (2). Kidney disease is the 9th leading cause of death in the U.S. Furthermore, a task force of the American Heart Association noted that decreased kidney function has consistently been found to be an independent risk factor for cardiovascular disease (CVD) outcomes and all-cause mortality and that the increased risk is present with even mild reduction in kidney function. (3) Therefore addressing CKD is a way to achieve one of the priorities in the *National Strategy for Quality Improvement in Health Care: Promoting the Most Effective Prevention and Treatment of the Leading Causes of Mortality, Starting with Cardiovascular Disease*.

CKD is often asymptomatic, a “silent disease,” especially in the early stages. Therefore, it goes undetected without laboratory testing. In fact, some people remain undiagnosed until they have reached CKD Stage 5 and literally begin dialysis within days. However, early identification and treatment can slow the progression of kidney disease, delay complications, and prevent or delay kidney failure. Accordingly, Healthy People 2020 Objective CKD–2 is to “increase the proportion of persons with chronic kidney disease (CKD) who know they have impaired renal function.” Screening and early detection provides the opportunity for interventions to foster awareness, adherence to medications, risk factor control, and improved outcomes. Additional data collection is required to precisely define the incremental benefits of early detection on kidney failure, cardiovascular events, hospitalization and mortality. Increasing the proportion of persons with CKD who know they are affected requires expanded public and professional education programs and screening initiatives targeted at populations who are at high risk for CKD. As a result of consistent congressional support, the National Center for Chronic Disease Prevention and Health Promotion at CDC has instituted a series of projects that could assist in attaining the Healthy People 2020 objective. However, this forward momentum will be stifled and CDC’s investment in CKD to date jeopardized if line-item funding is not continued.

As noted in CDC’s *Preventing Chronic Disease: April 2006*, Chronic Kidney Disease meets the criteria to be considered a public health issue: (1) the condition places a large burden on society; (2) the burden is distributed unfairly among the overall population; (3) evidence exists that preventive strategies that target economic, political, and environmental factors could reduce the burden; and (4) evidence shows such preventive strategies are not yet in place. Furthermore, CDC convened an expert panel in March 2007 to outline recommendations for a comprehensive public health strategy to prevent the development, progression, and complications of CKD in the United States.

The CDC Chronic Kidney Disease program has consisted of three projects to promote kidney health by identifying and controlling risk factors, raising awareness, and promoting early diagnosis and improved outcomes and quality of life for those living with CKD. These projects have included the following:

(a) Demonstrating effective approaches for identifying individuals at high risk for chronic kidney disease through state-based screening (CKD Health Evaluation and Risk Information Sharing, or CHERISH).

(b) Conducting an economic analysis by the Research Triangle Institute, under contract with the CDC, on the economic burden of CKD and the cost-effectiveness of CKD interventions.

(c) Establishing a surveillance system for Chronic Kidney Disease. Development of a surveillance system by collecting, integrating, analyzing, and interpreting information on CKD using a systematic, comprehensive, and feasible approach will be instrumental in prevention and health promotion efforts for this chronic disease. The CDC CKD surveillance project has built a basic system from a number of data sources, produced a report and created a website program <http://www.cdc.gov/diabetes/projects/kidney/> consisting of information on preventing and controlling risk factors, the importance of early diagnosis, and strategies to improve outcomes. The website, publicly available for clinicians, health professionals, public health policy makers, and patients, also provides links to a number of publications and reports. The next steps include exploring state-based CKD surveillance data ideal for public health interventions through the state department of health.

We believe it is possible to distinguish between the CKD program and other categorical chronic disease initiatives at CDC, because the CKD program does not provide funds to state health departments. Instead, CDC has been making available seed money for feasibility studies in the areas of epidemiological research and health services investigation.

In summary, undetected Chronic Kidney Disease can lead to costly and debilitating irreversible kidney failure. However, cost-effective interventions are available if patients are identified in the early stages of CKD. With the continued expressed support of Congress, the National Kidney Foundation is confident a feasible detection, surveillance and treatment program can be established to slow, and possibly prevent, the progression of kidney disease. Thank you for your consideration of our testimony.

(1) Josef Coresh, et al. "Prevalence of Chronic Kidney Disease in the United States," *JAMA*, November 7, 2007.

(2) D.T. Gilbertson, et al., *Projecting the Number of Patients with End-Stage Renal Disease in the United States to the Year 2015*. *J Am Soc Nephrol* 16: 3736-3741, 2005.

(3) Mark J. Sarnak, et al. *Kidney Disease as a Risk Factor for the Development of Cardiovascular Disease: A Statement from the American Heart Association Councils on*

Kidney in Cardiovascular Disease, High Blood Pressure Research, Clinical Cardiology, and Epidemiology and Prevention. *Circulation* 2003; 108: 2154-69.